

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

Public Law 99-474, the Counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorizes collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your "System Authorization Access Request (SARR)". Disclosure of records or the information contained therein may be specifically disclosed outside the DoD according to the "Blanket Routine Uses" set for at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 552a(h) of the Privacy Act.

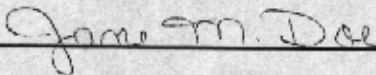
TYPE OF REQUEST	<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> MODIFICATION	<input type="checkbox"/> DELETION	DATE
				19990423

PART I (To be completed by User)

1. NAME (LAST, First, MI) Doc, Jane M.		2. SOCIAL SECURITY NUMBER 111-11-1111	
3. ORGANIZATION RSA Chambersburg	4. OFFICE SYMBOL/DEPARTMENT WEB03	5. ACCOUNT CODE N/A	
6. JOB TITLE/FUNCTION Computer Specialist	7. GRADE/RANK GS-12	8. PHONE (DSN) DSN 000-0000 x000	

STATEMENT OF ACCOUNTABILITY

I understand my obligation to protect my password. I assume the responsibility for data and system I am granted access to. I will not exceed my authorized access.

USER SIGNATURE 	DATE 4/23/99
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PART II (To be completed by User's Security Manager)

9. CLEARANCE LEVEL SECRET/TOP SECRET	10. TYPE OF INVESTIGATION NAC/NACI/SSBI	11. DATE OF INVESTIGATION
12. VERIFIED BY (Signature) SECURITY MANAGER/FSO	13. PHONE NUMBER	14. DATE

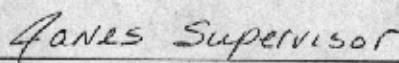
PART III (To be completed by User's Supervisor)

15. ACCESS REQUIRED (Location) - i.e DMC or DMC's RSA Chambersburg	
16. ACCESS TO CLASSIFIED REQUIRED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	17. TYPE OF USER <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> SYSTEM <input checked="" type="checkbox"/> OTHER (Specify)

18. JUSTIFICATION FOR ACCESS
Ataaps Access

VERIFICATION OF NEED TO KNOW

I certify that this user requires access as requested in the performance of his/her job function.

19. SIGNATURE OF SUPERVISOR 	20. ORG./DEPT. YKZ	21. PHONE NUMBER 570-8114	22. DATE 4/23/99
23. SIGNATURE OF FUNCTIONAL DATA OWNER/DPR	24. ORG./DEPT.	25. PHONE NUMBER	26. DATE

PART IV (To be completed by AIS Security Staff adding user)

27. USERID (Mainframe)	28. USERID (Mid-Tier)	29. USERID (Network) DISA Lan account	
30. SIGNATURE	31. PHONE NUMBER	32. DATE	